**STATE OF HAWAII**
**DEPARTMENT OF HEALTH**
4348 Waialae Avenue, #648
Honolulu, Hawaii 96816

# Medical Use of Marijuana Application Instructions

**STEPS:**

1. ONLINE - The Department of Health is working to implement a fully automated online application system. For the time being, your physician should assist you in completing the application and making your payment online at medmj.ehawaii.gov.
2. PRINT – Your physician ***must*** print all information entered online AND print the corresponding CERTIFICATIONS for each section of the application.
3. SIGN - The appropriate person must SIGN each required certification. Please note that DOH will require the Application Number that was assigned by the system to be printed on each certification page.
4. COPY – A copy of your valid ID, clearly showing your photo and ID number MUST be submitted with your application.
5. MAIL – Your physician should mail the print out of the online information submitted AND all signed certifications AND a copy of your valid ID to:
   Department of Health, Medical Marijuana Program, 4348 Waialae Avenue, #648, Honolulu, Hawaii 96816

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. All payments are non-refundable. Sections of the Application (each section requires a signature/certification) are as follows:

- Section A – Applicant/Qualifying Patient – if a minor, this section to be completed and signed by the minor's parent, guardian or legal custodian.
- Section B – Minor – this section is required if the Applicant is a minor.
- Section C – Physician - required
- Section D – Caregiver – required for all minor applicants OR if a caregiver is designated
- Section E – Grow Site – required, even if applicant is NOT planning to grow medical marijuana

**Things to consider before you apply**:

Qualifying Patient

- You must be diagnosed by a physician as having a debilitating medical condition, as defined in part IX, chapter 329, Hawaii Revised Statutes (HRS).
- A physician must certify that you have a debilitating medical condition and that, in his/her professional opinion, the potential benefits of the use of medical marijuana would likely outweigh the health risks for you.
- You MUST have a valid government issued identification card (valid ID) that is one of the following: a Driver's License, a State ID, or a Passport.

Minor Qualifying Patient (under the age of eighteen years)

- A parent, guardian, or legal custodian MUST complete Section A on behalf of the minor qualifying patient AND be designated as the primary caregiver in Section B.
- You must provide the minor qualifying patient's birth certificate if the minor does not have a valid ID.

Physician

- You must have a current and valid Hawaii medical license.
- You must have a current and valid Hawaii controlled substance registration number.
- When logging into the online system, you must enter the email address used for the online renewal of your Hawaii Professional and Vocational License (PVL), or create an account by visiting login-ehawaii.gov.

Primary Caregiver

- You can be the primary caregiver for only ONE qualified patient at any given time.
- Likewise, a qualified patient can have only ONE primary caregiver at any given time.
- The parent, guardian, or legal custodian MUST be designated as the primary caregiver in Section B for a minor qualifying patient.

# SECTION A. Applicant/Qualifying Patient Information

1. APPLICATION TYPE: Indicate if this is your initial application or a renewal application.
2. NAME: Enter your name *EXACTLY* as it appears on your valid government issued photo identification (valid ID).
3. MINOR PATIENTS ONLY: If the applicant is a minor, the minor's parent, guardian, or legal custodian must complete this section on behalf of the minor. Enter the minor's name, exactly as it appears on the minor's valid ID. If the minor does not have a valid ID, you may use an official birth certificate in place of a valid ID for this application. The parent, guardian, or legal custodian must sign Section A.
4. DATE OF BIRTH: Enter your date of birth in this format: mm/dd/yyyy.
5. GENDER: Check the applicable box.
6. RESIDENCE ADDRESS: Enter the address where you live.
7. MAILING ADDRESS: Enter the address where you get your mail, if it is different from your residence address.
8. EMAIL ADDRESS: Enter your email address.
9. PRIMARY PHONE: Enter your 10 digit primary phone number and indicate what type of phone it is.
10. ALTERNATE PHONE: Enter a 10 digit alternate phone number and indicate what type of phone it is. This number should be a back up to your primary phone number.
11. IDENTIFICATION: A valid government issued ID (valid ID) is required. Acceptable forms of valid ID are, in the order of preference, state driver's license, if this is not possible, state ID, or if neither are possible, a passport. Enter the type of ID, your ID number, and the expiration date of your ID. For minors without valid ID, an official birth certificate may be used.
12. COPY OF ID REQUIRED: A clear copy of your valid ID is required and must be submitted with this application. Both your **photo** and **ID number** must be clearly visible.
13. NAME OF CERTIFYING PHYSICIAN: You must name the physician that certifies your debilitating medical condition as your primary care physician for the medical use of marijuana. Your physician must complete Section C of this application.
14. NAME OF CAREGIVER: If you intend to designate a primary caregiver, you must do so here, and provide your caregiver's name. Your caregiver MUST complete Section D of this application.
15. APPLICANT UNDERSTANDING AND CERTIFICATION: You must complete the statement of understanding and certification in Section A with a check mark.
16. APPLICANT CONSENT: You must consent to the release of information as applicable to this application.
17. APPLICANT SIGNATURE: You must sign and date Section A under penalty of perjury.

# SECTION B. Minor Applicant/Minor Qualifying Patient Information

1. RELATIONSHIP TO MINOR: If you are completing this application on behalf of a minor, you must indicate whether you are the parent, guardian, or legal custodian in Section B. You may be required to furnish documentation that establishes parental rights, legal guardianship, or legal custody, as applicable.
2. CERTIFICATION AND CONSENT: You must certify or consent to all statements in Section B with either a check mark or your initials, as applicable. NOTE: For individuals with JOINT legal authority to make health care

decisions on behalf of the minor applicant, both persons with legal authority are required to certify or consent to all statements in Section B with either a check mark or initials, as applicable.

3. SIGNATURE: You must sign and date Section B under penalty of perjury. NOTE: For individuals with JOINT legal authority to make health care decisions on behalf of the minor applicant, both persons with legal authority are required to sign and date Section B.

4. REQUIREMENT TO BE PRIMARY CAREGIVER: You MUST register as the minor applicant's primary caregiver in Section D.

## SECTION C. Physician's Written Certification

1. NAME AND PHONE NUMBER: Enter your full name and 10 digit office phone number.

2. OFFICE ADDRESS: Enter your business address.

3. MAILING ADDRESS: If your mailing address is different than your office address, enter that address too.

4. EMAIL ADDRESS: Enter your email address.

5. LICENSE AND REGISTRATION: Enter your Hawaii medical license number and state controlled substance registration number.

6. PRIMARY CARE PHYSICIAN: You must be identified as the primary care physician in Section A of this application.

7. CERTIFICATION: You must complete the certifications in Section C with a check mark or marks, as applicable.

8. SIGNATURE: You must sign and date Section C under penalty of perjury.

## SECTION D. Primary Caregiver Information

1. If the qualifying patient/applicant has designated a primary caregiver in Section A of this application, Section D must be completed.

2. NAME: Enter your name EXACTLY as it appears on your valid government issued photo identification (ID).

3. DATE OF BIRTH: Enter your date of birth in this format: mm/dd/yyyy. You must be 18 years of age or older to serve as a primary caregiver.

4. GENDER: Check the applicable box.

5. RESIDENCE ADDRESS: Enter the address where you live.

6. MAILING ADDRESS: Enter the address where you get your mail, if it is different from your residence address.

7. EMAIL ADDRESS: Enter your email address.

8. PRIMARY PHONE: Enter your 10 digit primary phone number and indicate what type of phone it is.

9. ALTERNATE PHONE: Enter a 10 digit alternate phone number and indicate what type of phone it is. This number should be a back up to your primary phone number.

10. IDENTIFICATION: A valid government issued ID (valid ID) is required. Acceptable forms of valid ID are, in the order of preference, state driver's license, if this is not possible, state ID, or if neither are possible, a passport. Enter the type of ID, your ID number, and the expiration date of your ID.

11. COPY OF ID REQUIRED: A clear copy of your valid ID is required and must be submitted with this application. Both your **photo** and **ID number** must be clearly visible.

12. CAREGIVER UNDERSTANDING AND CERTIFICATION: You must complete the statement of understanding and certification in Section D with a check mark.

13. CAREGIVER SIGNATURE: You must sign and date Section D under penalty of perjury.

## SECTION E. Grow Site Designation

1. SUPPLY: You must indicate if medical marijuana will be grown for your use and if so, indicate who will be responsible for growing the medical marijuana – the patient or caregiver. If you or your caregiver will not grow medical marijuana, mark "Neither".

2. LOCATION OF GROW SITE: If the patient or caregiver are designated to grow medical marijuana, you must identify WHERE it will be grown: a) the patient's residential address, b) the caregiver's residential address, or c) another site that is owned or controlled by either the patient or caregiver**. You must provide an address that is as specific as possible.** This will simplify law enforcement's verification of your right to grow medical marijuana as allowed in part IX, chapter 329, HRS.

3. INITIALS: If the patient's or caregiver's residence address is designated as the medical marijuana grow site, the appropriate individual MUST initial the line next to the designation. This indicates that the person who initials either owns or controls the property.

4. OTHER ADDRESS: If you plan to grow medical marijuana at a location that is neither the residence address of the patient nor the residence address of the caregiver, you MUST indicate so here, AND the person who owns or controls the "Other Address" MUST check the appropriate box below this address and initial accordingly, to indicate ownership or control of the property at the other address.

5. DESCRIPTION OF GROW SITE: A complete street address with house number is preferred, but if no street address is available for your grow site location, you may provide a Tax Map Key number (TMK) AND a description with specific directions or specifically identifiable location markers to identify your grow site.

6. QUALIFYING PATIENT ATTESTATION: Regardless of intent to grow medical marijuana, the qualifying patient MUST sign and date Section E under penalty of perjury.

7. CAREGIVER ATTESTATION: If a caregiver is designated to grow medical marijuana OR if a patient will grow medical marijuana at a location that is owned or controlled by the caregiver, the caregiver MUST sign and date Section E under penalty of perjury.

8. LIMITATION: Only one grow site per qualified patient can be identified and used to grow medical marijuana.

## SECTION F. Payment

Please make your payment online with your credit card, debit card, or using your bank account information (account number and routing number) for an electronic debit. If you are unable to utilize these payment options, you may submit this application with a payment of $38.50 ($35.00 plus the portal administration fee of $3.50) in the form of a Cashier's Check or Money Order, made payable to the Department of Health. Submission of paper applications with a Cashier's Check or Money Order will increase the processing time by at least 10 days. **All payments are non-refundable**. The portal administration fee is required for either the submission of an online application or the submission of a paper application because all registrations for the medical use of marijuana must be entered in the Department of Health's Medical Marijuana Program Data System.